

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



August 22, 2011

Craigan Gray, M.D., M.B.A., J.D.
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 11-005

Dear Dr. Gray:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 11-005 that was received in the Regional Office on May 24, 2011. The amendment is the State's official response to the companion letter dated October 4, 2010 which was issued with the approval of NC 10-002. The companion letter requested a corrective action plan that addressed compliance with sections 1902(a)(20)(A), 1902(a)(10)(B), 1902(a)(23), 1905(a)(4)(B), 1905(a)(13), and 1905(r) of the Act; and 42 CFR sections 440.40, 440.130(d), and 440.250. Specifically, North Carolina was requested to address the coverage pages that correspond with Multisystemic Therapy and Ambulatory Detoxification as part of SPA 10-002. This proposed amendment provides the definitions of the service providers, training and competencies of the providers, and specifics of the training that each provider must complete.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 11-005. This SPA was approved on August 19, 2011. The effective date of this amendment is April 1, 2011. We are enclosing the approved form HCFA-179 and plan pages.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408 or Yvette Moore at (404) 562-7327.

Sincerely,

/s/

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Craigian Gray, MD, MBA, JD
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